DOCUMENT RESUME

ED 425 822 PS 027 122

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TITLE Smart Start and Local Inter-Organizational Collaboration: Local Collaboration for Children and the North Carolina Smart Start Initiative. UNC Smart Start Evaluation Report.
INSTITUTION North Carolina Univ., Chapel Hill. Frank Porter Graham Center.
PUB DATE 1998-08-00
NOTE 47p.
AVAILABLE FROM Frank Porter Graham Child Development Center, 105 Smith Level Road, CB #8180, UNC-CH, Chapel Hill, NC 27599-8180; phone: 919-966-4295.
PUB TYPE Reports - Evaluative (142)
EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Agency Cooperation; Cooperative Programs; *Coordination; Early Childhood Education; Evaluation; *Family Programs; *Human Services; Institutional Cooperation; *Integrated Services; Program Effectiveness; Research Projects
IDENTIFIERS North Carolina; *Smart Start

ABSTRACT

A longitudinal assessment of interagency cooperation was conducted as part of a research project designed to monitor the implementation and development of the Smart Start collaboration process. Telephone interviews were conducted with key informants from organizations providing services to children, and the resulting qualitative, quantitative, and network data were analyzed. The findings indicate that Smart Start is facilitating collaboration among local providers of services to children under six years of age and their families. The assessment provides information on the nature, extent, and productiveness of that collaboration. Specific findings indicate the following: (1) Smart Start appears to have improved local inter-agency collaboration among organizations that serve young children and their families; (2) substantial variations across partnerships in levels of inter-organizational collaboration are common; (3) the local partnership boards and planning process appear to encourage inter-agency collaborations; (4) there is uneven participation among members of local partnerships; (5) there is a potential link between Smart Start collaboration and local human service system coordination and integration; and (6) additional analysis will be necessary to examine the potential effects of Smart Start regionalization and welfare reform. (SD)

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Smart START

Smart Start and Local Inter-Organizational Collaboration

PS 027122

FPG-UNC Smart Start Evaluation Team
August 1998

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Local Collaboration for Children & the North Carolina Smart Start Initiative

UNC Smart Start Evaluation Report
July 1998

This report was written by Dennis Orthner, George Cole and Roger Ehrlich of the Jordan Institute for Families at the School of Social Work of the University of North Carolina at Chapel Hill, with editorial help from other members of the Smart Start evaluation team.

The data for this report were gathered as part of a long-term longitudinal study that is being conducted under contract with the North Carolina Department of Health and Human Services.

Invaluable assistance was provided by UNC graduate students and Jordan Institute and FPG Center staff—Chris Bartley, Karen Chevalier, Debra Gong, April Groff, Chandra Guinn, Madra Guinn, Sandy Hamrick, Robert Hill, Deborah Horton, Cindy Lohr, Karen Mosley-Lyon, Jon Pierpan, Cheryl Robinson, Debbie Sadler, Kathryn Schmid and Monica Shaw. Thanks also to Rosemary Hallberg for graphics assistance.

Hundreds of individuals from local child-serving organizations in North Carolina shared their time and knowledge in order to make this research possible. Special thanks go to them and to the executive directors and staff of the Partnerships for Children that are participating in the study.

For copies of this or other Smart Start evaluation reports contact Marie Butts at the Frank Porter Graham Child Development Center, 105 Smith Level Road, CB #8180, UNC-CH, Chapel Hill, NC, 27599-8180, or call (919) 966-4295.

Other reports from the Smart Start Evaluation Team particularly relevant to the topic of collaboration include: *Keeping the Vision in Front of You: Results from Smart Start Key Participant Interviews* (May 1995); *Reinventing Government? Perspectives on the Smart Start Implementation Process* (November 1995); and *Bringing the Community into the Process: Issues and Promising Practices for Involving Parents and Business in Local Smart Start Partnerships* (April 1997).

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TABLE OF CONTENTS

Section	Page
Executive Summary	1
Introduction	4
Background of Study	
The Challenge of Smart Start	4
Evaluations of Collaborative Process	5
Research Methods	6
Study Findings	
Characteristics of Local Child-Serving Organizations	10
The Service System Context for Smart Start	13
Local Service System Strengths	
Collaboration Between Agency Staff	14
Duplication of Services	15
Information Sharing Between Agencies	15
Convenience of Services	15
Staff Awareness of Services	15
Waiting Lists and Delays	15
Local Service System Weaknesses	
Falling Between the Cracks	16
Cost as a Barrier to Services	17
Integration of Forms	17
Gaps in Types of Services	17
Variations Between Service Systems in Different Localities	18
The Local Implementation of Smart Start	
Awareness of Smart Start	20
Stakeholder Involvement	21
Low Income Parents	22
Religious Organizations	23
Businesses	23
Resource Use, Planning, and Coordination with Other Initiatives	24
Limitations on Involvement in Local Partnerships	25
Conflicts Between Agency Leaders and Programs	26
Lack of Political Support	26
Bureaucratic Obstacles	27
Lack of Communication from Partnership	27
Differences in Partnership Effectiveness Ratings	28
Collaboration Development Under Smart Start	29
Frequency of Collaboration with Different Organization Types	29
New and More Productive Collaborative Relationships	31
Collaboration Between Public, Private, and Non-Profit Groups	32
How Smart Start has Improved Collaboration	34

Money Matters but Meetings Matter Too..... 34
Spin-Off Effects..... 34
Development of a Broader Vision..... 35
Future Challenges for Local Partnership Collaboration..... 35
Conclusions..... 38

Chart **Page**

Characteristics of the Partnerships in the Study..... 7
Number of Respondent Organizations by Type..... 10
Organizational Relationship with Smart Start..... 11
Organizational Attendance at Smart Start Meetings..... 12
Local Service System Ratings..... 14
Range of Local Service System Ratings..... 18
Summary Ratings of Local Service Systems..... 19
Mean Level of Awareness of Smart Start Activities..... 21
Ratings of Partnership Involvement and Effectiveness..... 22
Mean Partnership Ratings by Statement..... 26
Summary Ratings of Partnership Involvement and Effectiveness..... 28
Collaborative Relationships Cited by Respondent Organizations..... 30
Improved Collaborative Relationships Since Smart Start..... 31
Collaborative Relationship Pairings Cited by Respondent Organizations..... 33

Executive Summary

This report summarizes initial findings from a longitudinal study of the Smart Start collaboration process. Those findings indicate that:

- Smart Start appears to have improved local inter-agency collaboration among organizations that serve young children and their families.
- There remain substantial variations across Partnerships in levels of inter-organizational collaboration.
- The local Partnership boards and planning process appear to encourage inter-agency collaborations.
- There is uneven participation among members of local Partnerships.
- There is a potential link between Smart Start collaboration and local human service system coordination and integration.
- Additional analysis will be necessary to examine the potential effects of Smart Start regionalization and welfare reform.

The local environment for human services has not traditionally supported interagency collaboration. Health and social service organizations do not always work together to insure that their resources are expended in the most efficient and effective manner. Public organizations tend to function as independent proprietors of programs that are tightly constrained by narrow streams of state and federal funding. Private organizations, on the other hand, typically compete with one another for limited resources and have little incentive to work together to accomplish common goals.

To remedy this disparate approach to service delivery and ensure that North Carolina's children are "healthy and ready to learn" when they enter kindergarten, Smart Start seeks to reduce service fragmentation. In order to receive Smart Start funds, representatives from various community service organizations must come together in local Partnerships for Children to plan for and direct the distribution of those funds to local service providers. In this way the Partnerships are designed to become vehicles for increasing collaboration in local service "systems," thereby promoting more integrated, coordinated, responsive, efficient and effective services.

This study combines qualitative techniques, network analysis and other quantitative methods to produce findings that reveal the structure and character of local Partnership relationships and to account for the practical insights of the people trying to make Smart Start work in their communities. It summarizes data from 269 telephone interviews completed between May, 1997 and May, 1998. Respondents represented key organizations providing either direct or indirect services to young children within the service networks of 10 local Partnerships for Children. The 10 Partnerships were selected for inclusion in the study because they represented a cross-section of regions of the state, urban and rural characteristics and Partnership maturity.

Efforts were made to interview a representative of each service organization that was a significant member of one of 10 local service networks. Over half (59%) of the organizations

represented in the study were public organizations, while 36% were private non-profit organizations; 76% of the organizations were on local Partnership boards or had a Partnership contract to provide services to children under age six and their families.

When rating the effectiveness of local service systems there was strong agreement among respondents (78% agreed) that staff within those systems, especially service staff, work well together. Nearly two thirds agreed that duplication of services within systems is minimal. A small majority agreed that service organizations share information effectively, and about half agreed that services are provided in the most convenient locations and that service staff are fully aware of available services. The majority of respondents disagreed that waiting lists and delays are minimal. More disagreed than agreed that clients "don't fall between cracks" in the system and that cost is not a barrier to services. Lack of integration of forms and paperwork was also recognized as a systemic problem. Slightly more disagreed than agreed that there are no gaps in the range of services available locally.

When analyzing system effectiveness ratings by Partnership maturity, it was found that respondents from Partnerships formed in the first two years of the Smart Start initiative were more likely to see their systems in a positive light than respondents from Partnerships formed in years four and five. In fact, twice as many key informants in the more mature Partnerships agreed that services are being provided at convenient locations, gaps in services are minimal, and clients do not "fall between the cracks." Respondents from early Partnerships were also more likely to agree that organizations within their systems share case information effectively, that there are few delays in service delivery and that costs are not a major factor in limiting services.

There are alternative explanations to the above findings. It may be that the systems in which the earlier Partnerships formed were already more collaborative and well integrated than the systems in which the later Partnerships formed. Alternatively, the Smart Start process itself may have engendered system reforms that matured with the Partnerships. Both explanations may also be true.

When rating the effectiveness of local Partnerships in involving community groups in the Partnership planning process, the overwhelming majority of respondents agreed that both government agencies and non-profit groups have been meaningfully involved in the planning process. A little more than half agreed that county businesses have been meaningfully involved. Fewer than half agreed that religious organizations have been meaningfully involved, and only about a third agreed that low income parents have had a meaningful role.

When the data on community involvement were analyzed by Partnership maturity, it was found that respondents from Partnerships formed in the first two years of the initiative were more likely to agree that low-income parents have been meaningfully involved than respondents from Partnerships formed in years four and five. There were no differences found when analyzing the involvement ratings of government organizations and non-profit groups by Partnership maturity.

When rating the effectiveness of local Partnerships in planning, coordinating with other collaboration efforts and utilizing local resources, two thirds to three quarters of respondents agreed that the Partnerships have a comprehensive plan, coordinate well with other initiatives and use resources effectively. When these data were analyzed by Partnership maturity, it was found that respondents from mature Partnerships were more likely to agree that the Partnerships were performing well than respondents from more recently formed Partnerships. This may indicate that it takes time for historically independent local organizations to become acquainted with each

other and work through "turf" issues.

It was anticipated that the overall effectiveness of the Smart Start initiative would be related to its impact on the number and quality of collaborative relationships established locally between organizations in the child and family service network. The data indicate that there have been substantial increases in both the number of inter-organizational relationships established since the inception of local Smart Start activities, and in the productivity of existing relationships. Every type of organization represented in the study cited new collaborative relationships, and many of these new relationships were directly attributed to Smart Start. Increases in the productivity of existing collaborative relationships were even more dramatic.

The largest number of new collaborative relationships were between non-profit organizations. Non-profit organizations also reported new relationships with public and private organizations. The productivity of all types of existing or "old " collaborative relationships improved under Smart Start. Existing relationships between public and private organizations were the most likely to become more productive. Existing relationships between public and private non-profit organizations and other public organizations were also quite likely to become more productive.

Further findings regarding Smart Start's role in nurturing local collaboration efforts, and the effect of those efforts on the effectiveness of local service systems, will be provided after collecting and analyzing follow-up data.

Introduction

This report summarizes initial findings from research designed to monitor the implementation and development of the Smart Start collaboration process. It results from analyses of data collected during the first of a series of planned data collection events. The findings presented here indicate that Smart Start is facilitating collaboration among local providers of services to children under six and their families and provides information on the nature, extent and productiveness of that collaboration. Further evidence of Smart Start's role in nurturing sustainable changes in local collaboration efforts, and the reforming effect of those efforts on local service systems, will be provided after additional analyses of these data and the collection and analyses of follow-up data.

Background of Study

The Challenge of Smart Start

Thousands of highly trained professionals and dedicated volunteers work daily in a variety of health and social service organizations to meet the needs of North Carolina's children and their families. The diversity of this collective effort is one of the great strengths of North Carolina's commitment to children. However, local health and social service organizations do not always work together to ensure that their resources are expended in the most efficient and effective manner. In fact, many observers of local human service "systems" agree that an integrated and responsive system of services that is molded around children and families has not been the norm in most communities.

Local public human service organizations tend to function as independent proprietors of service programs that are both nourished by and tightly constrained by narrow streams of state and federal funding. The laws, rules and policies that govern the administration of these services discourage local service integration and systemization. Private service organizations, on the other hand, typically compete with one another for limited resources and have little incentive to work together to accomplish common goals.

As a result, in many communities there are gaps in the availability of services, overlaps in other services and delays in the formation of needed new services. Some needy children and their

families can "fall through the cracks" of this incomplete service model. In some communities, information may not be routinely shared between organizations about their services or their clients. Many potential clients may never be informed about the range of services that are available locally because service providers themselves are unaware of those services. Other clients who need services from multiple providers must often travel between distant offices in order to submit the same personal and family information over and over again.

One of the ways that Smart Start seeks to ensure that North Carolina's children are "healthy and ready to learn" when they enter kindergarten is to overcome this service fragmentation by promoting collaboration between local organizations that serve children under age six. As a prerequisite for receiving Smart Start funds, representatives from various community organizations must come together in local Partnerships for Children to plan for and direct the distribution of those funds to local service providers. In this way the Partnerships are designed to become vehicles for increasing the level of practical collaboration among local among local organizations, thereby providing more responsive, efficient and effective services.

Evaluations of Collaborative Processes

There have been other attempts to coordinate, integrate or in some other way rationalize the administration and delivery of social services, but it has been difficult to document the impact of these efforts. Most previous research on collaboration has been based either on qualitative case study techniques or quantitative modeling of the structure of inter-organizational networks.

Qualitative case studies (i.e., studies that gather unstructured data by having respondents answer open-ended questions) are excellent sources of inspiration regarding successful collaborations and have provided many insights into the different paths that collaboration may take. However, they have been less useful in describing various patterns in the structure of relationships at the service system level and documenting changes in those relationships over time.

Studies based on statistical network modeling, on the other hand, while employing elegant and mathematically sophisticated ways of analyzing the structure of organizational collaboration, have produced results that are difficult to interpret and translate into practical knowledge. Relationships between system structure (i.e., how "centralized" or "fragmented" a system is) and system performance have not been established. This may be because many evaluators have

assumed that the goals of all collaborative efforts are the same, no matter at what level or in what form collaboration is attempted. However, without attention to differences in the goals that drive particular efforts, it is difficult to know whether a particular pattern of organizational relationships is more accurately described as "dysfunctional fragmentation," "functional differentiation," or "healthy competition." Overly simple assumptions would be particularly misleading in the case of Smart Start, where the guiding principle is to develop relatively autonomous and flexible local steering commissions that help to develop and implement unique solutions to local problems.

Therefore, in evaluating the Smart Start collaboration objective we have synthesized qualitative techniques, network modeling analysis and other quantitative methods. Our goal is to produce findings that are sensitive to the unique and dynamic nature of local Partnership goals, the structure and character of local Partnership relationships, and the practical insights of the people trying to make Smart Start work in their communities.

Research Methods

This report summarizes data from 269 telephone interviews completed between May, 1997 and May, 1998. Individuals providing information during the interviews were key informants from organizations providing either direct or indirect services to young children within the service networks of 10 local Partnerships for Children. We selected the 10 Partnerships (see Chart 1) for inclusion in the study because they represent a cross-section of regions of the state, urban and rural characteristics, and Partnership maturity.

Organizations within the local human service network of each of the 10 Partnerships provided data through a "snowball" interview procedure. A first round ("Wave 1") of interviews was conducted with key informants from organizations that either had a representative on the board of the local Partnership or had a contract for services with the local Partnership. With the exceptions indicated below, a "Wave 1" key informant was the individual identified by the Executive Director of the Partnership as the person in the organization most knowledgeable about the organization's full range of activities to help young children and their families, and other local service organizations his or her organization worked with in the course of carrying out those activities.

Chart 1

Characteristics of the Partnerships in the Study

PARTNERSHIP	# ORGANIZATIONS SAMPLED	REGION	SIZE & DENSITY	YEAR FUNDED
A	20 (7.4%)	West	Small, Rural	1994
B	38 (14.1%)	East	Small, Rural	1994
C	24 (8.9%)	Central	Small, Rural	1996
D	17 (6.3%)	Central	Small, Rural	1996
E	22 (8.2%)	West	Small, Rural	1997
F	12 (4.5%)	East	Small, Rural	1997
G	16 (5.9%)	West	Small, Rural	1997
H	32 (11.9%)	Central	Large, Urban	1993
I	42 (15.6%)	East	Large, Urban	1995
J	43 (17.1%)	Central	Large, Urban	1995
	Total=269 (100%)			

During the "Wave 1" interview, the key informant was asked to identify all the other local service organizations with which his or her organization worked in serving children under age six and their families. The "Wave 1" key informant was also asked to identify his or her primary contact person at each cited organization. A continuously updated list was developed of cited organizations. Organizations cited at least twice that had not been surveyed during "Wave 1" were surveyed during a second round ("Wave 2") of interviews. The key informant for a "Wave 2" interview was the cited primary contact person or an alternate designated by either the cited person or the director of the cited organization.

This method identified at least one key informant from each participating organization. However, some agencies required to participate in the Partnership are so large and complex that it was necessary to interview representatives of sub-units as well. For example, in order for a local Partnership to receive Smart Start funding, local Departments of Mental Health, Social Services and Public Health are required to participate in the Partnership planning process. Because of the

varied activities of these organizations, we asked their Directors to identify key informants for each of their major children-under-age-six programs. Within county Departments of Social Services, key informants were identified for "Child Protective Service," "Child Care Subsidy," and "Income Maintenance" programs. Within county and regional Departments of Health, Directors identified key informants for "Baby Love," "Nutrition," and "Immunization" programs. Within regional Departments of Mental Health, key informants were identified for "Early Intervention" and "Developmental Delay" programs. Other sub-programs from these Departments could have been added as referenced by local agencies and key informants.

This process ensured that we identified the best possible key informants and came close to enumerating the entire population of organizations and organizational sub-units that were significant actors in the local service "systems" serving young children of the 10 Partnerships during the interview period. Organizations were included without regard to whether they received any funding from Smart Start. It was not possible, however, to complete interviews with all key informants. In a few cases a key informant refused to participate. In other cases an organization became inactive during the course of the study or was temporarily without a representative capable of serving as a key informant. Overall, 94% of "Wave 1" key informants and 80% of "Wave 2" key informants were interviewed for a total completion rate of 90%.

An interview team was selected, trained and supervised by the Smart Start Collaboration Study Team. The interviews were conducted by telephone and consisted of both open-ended and multiple choice questions. Interviews were scheduled at the convenience of the respondent and most often required 30 to 45 minutes to complete. The data from the interviews, including the comments made to each question, were entered into a customized database as preparation for analyses.

For the purposes of this report, qualitative, quantitative, and network data were analyzed in order to answer the following questions:

- What organizations are a part of the service systems in the communities where the 10 Partnerships were formed?
- What are their organizational characteristics?
- To what extent and in what capacity do these organizations participate in Partnership activities?

- What barriers to organizational participation exist?
- How well do community service systems function?
- Overall, what are the strengths and weaknesses of the service systems?
- Do local support systems for young children and families differ from one another?
- How well do community Partnerships function?
- Overall, what are the strengths and weaknesses of local Partnerships?
- Do the Partnerships differ from one another?
- Overall, with which organizations in local service systems do other organizations in the system typically work?
- Which of these relationships were formed after the Partnership planning process began?
- Which of the relationships that were already in place have become more productive since the Partnership planning process began?
- Overall, is Smart Start increasing inter-organizational collaboration at the local level?

Study Findings

Characteristics of Local Child-Serving Organizations

Using a combination of organizational groupings, we categorized the 269 organizations or organizational sub-units in the 10 local service areas by the type of services they provided to children and families in their communities. The number, relative frequency (percent) and public, private or private non-profit status of the organizations interviewed is presented by category in Chart 2. Over half (59%) of the organizations are public organizations. The three public organizations best represented are the programmatic sub-units of local Departments of Social

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Chart 2
Number of Respondent Organizations by Type

ORGANIZATION TYPE	PUBLIC	PRIVATE NON-PROFIT	PRIVATE	TOTAL
CCRR/EARLY CHILDHOOD	1	7		8
COMMUNITY COLLEGE	10			10
COOPERATIVE EXTENSION	8			8
DEPT MENTAL HEALTH (SUBUNITS)	14			14
DEPT PUBLIC HEALTH (SUBUNITS)	30			30
DEPT SOCIAL SERVICES (SUBUNITS)	32			32
HEAD START/COMMUNITY ACTION	10			10
HOUSING AUTHORITY	5			5
LIBRARY/LITERACY	10	4		14
SCHOOL	15			15
CHILD CARE FACILITIES		12	9	21
CIVIC/VOLUNTEER	1	4		5
CRISIS/ECONOMIC		7		7
DEVELOPMENTAL EVALUATION CENTER	7			7
DOMESTIC VIOLENCE		5		5
FAMILY RESOURCES	3	14		17
HEALTH ED/PREVENTION		6		6
HOSPITAL	4	2	1	7
PHYSICIAN/CLINIC	1	4	2	7
THERAPY/SPECIAL NEEDS	4	10	3	17
OTHER: PRIVATE NON-PROFIT		11		11
OTHER: PUBLIC	13			13
TOTAL	158 (59%)	96 (36%)	15 (5%)	269

Services (12%) and Public Health (11%), followed by local schools (6%). Private non-profit organizations are the next best represented (36%), including private non-profit family resource organizations (5%), private non-profit childcare facilities (5%) and private non-profit therapy or special needs organizations (4%). The best-represented private (for profit) organizations are private childcare facilities (3%).

Many of these agencies are represented on Partnership boards or receive Smart Start funding (see Chart 3). Some are active members of local Partnership boards. Others contract

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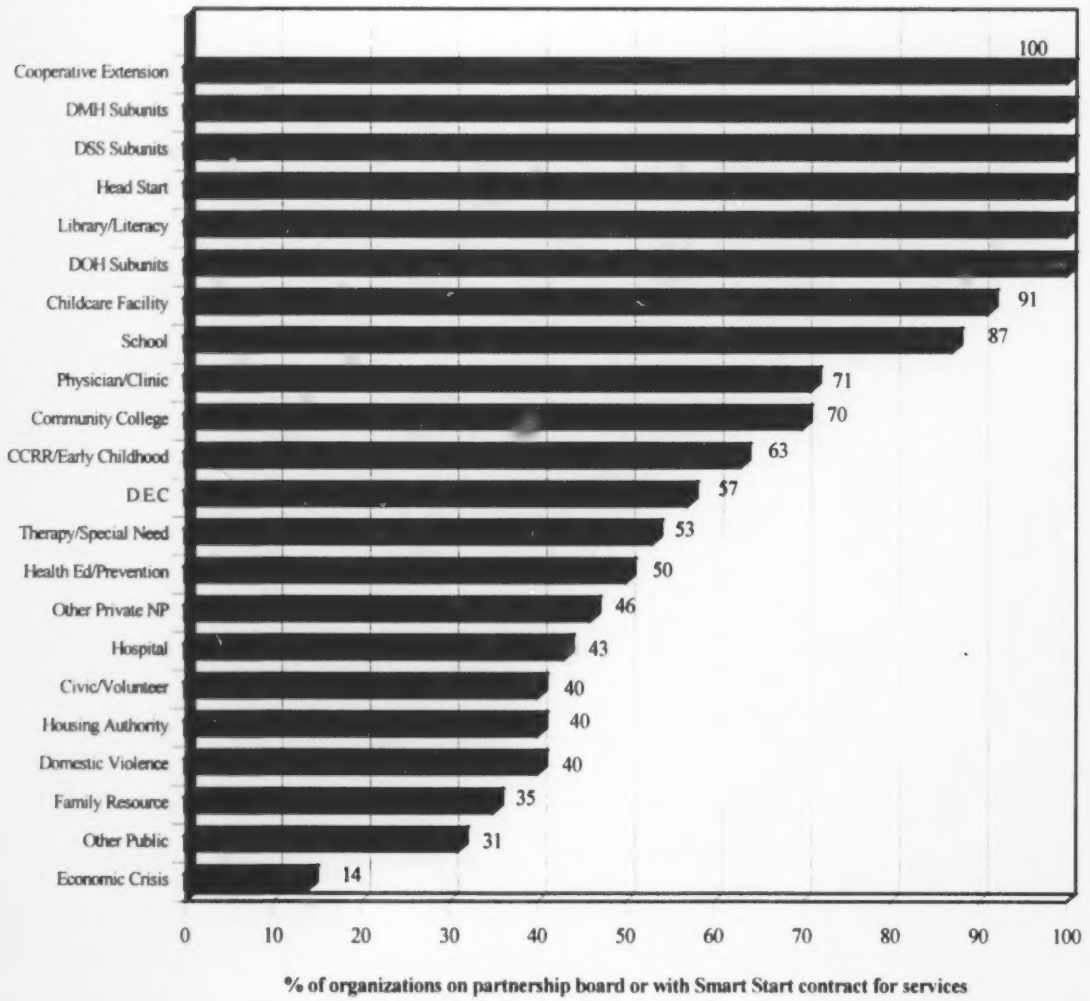
Chart 3

Organizational Relationship with Smart Start

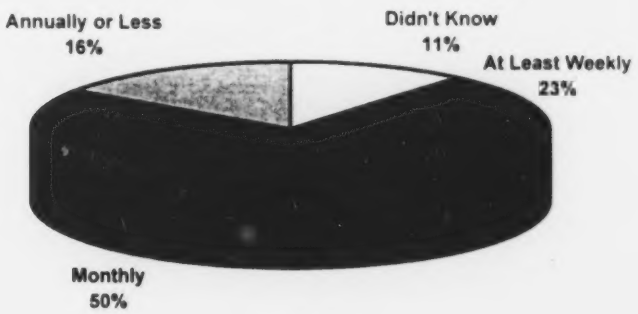


with Partnership boards to provide services to children under age six and their families. Still others provide assistance to either Partnership boards or Partnership contractors. The data on Chart 3 indicate the percentage of organizations in each organizational category that have a representative on a Partnership board or had a Partnership contract for services in 1997.

All (100%) of the cooperative extension, library or literacy, and Head Start or community action organizations interviewed are represented on a Partnership board or have a Partnership service contract. All of the programmatic sub-units of local Departments of Social Services, Mental Health and Public Health are represented on a Partnership board by a representative of their parent organization. Other organizations with high levels of representation are childcare facilities (91%), schools (87%), physicians or clinics (71%), community colleges (70%), and childcare resource and referral or early childhood organizations (63%). The economic crisis and support organizations (14%), family resource centers (35%) and housing authorities and domestic violence groups (40%) were the least likely to be on the board or have a contract but are included here because they are part of the network of organizations serving young children.

Key informants reported that organizational attendance at Partnership meetings is generally quite high. Nearly three out of four (73%) key informants reported that their respective organizations attended meetings monthly or more frequently (see Chart 4).

Chart 4
Organizational Attendance at Smart Start Meetings



Key informants reported that 71% of childcare resource and referral and other early childhood focused organizations attend meetings more often than monthly. Other organizations with relatively high levels of more-than-monthly attendance are cooperative extension organizations (63% attending more-than-monthly), family resource organizations (43% attending more-than-monthly) and Head Start or community action organizations (40% attending more-than-monthly). The organizations least likely to attend Partnership meetings were hospitals, health education or prevention organizations, and crisis support organizations.

Each key informant was asked if there are barriers to his or her organization's involvement in the local Partnership. Over half (53%) of the key informants said nothing limited their involvement. Most of the remaining key informants mentioned only time and staffing constraints. Typical comments were:

> *"Time. I already have more than a full time job and now we take on these responsibilities. But going has helped solve some of the problems I have in my full-time job."*
>
> *"Meetings are in the daytime. I have real kids to take care of. I'm not like a director who can walk out the door."*
>
> *"Time constraints, when they have meetings I'm often in group meetings with children."*
>
> *"The Partnership meetings are probably a 60 mile roundtrip and we just don't have the time and staff to attend."*

One interesting comment concerned a major bureaucratic obstacle.

> *"As a public agency we have federal and state guidelines and county laws that govern us, restrain us and put up barriers. The Partnership is a non-profit organization so they have the ability to interact with different groups more, have money, and can engage in projects that we aren't allowed to. They only have state guidelines. We have rules set we have no control over."*

The Service System Context for Smart Start

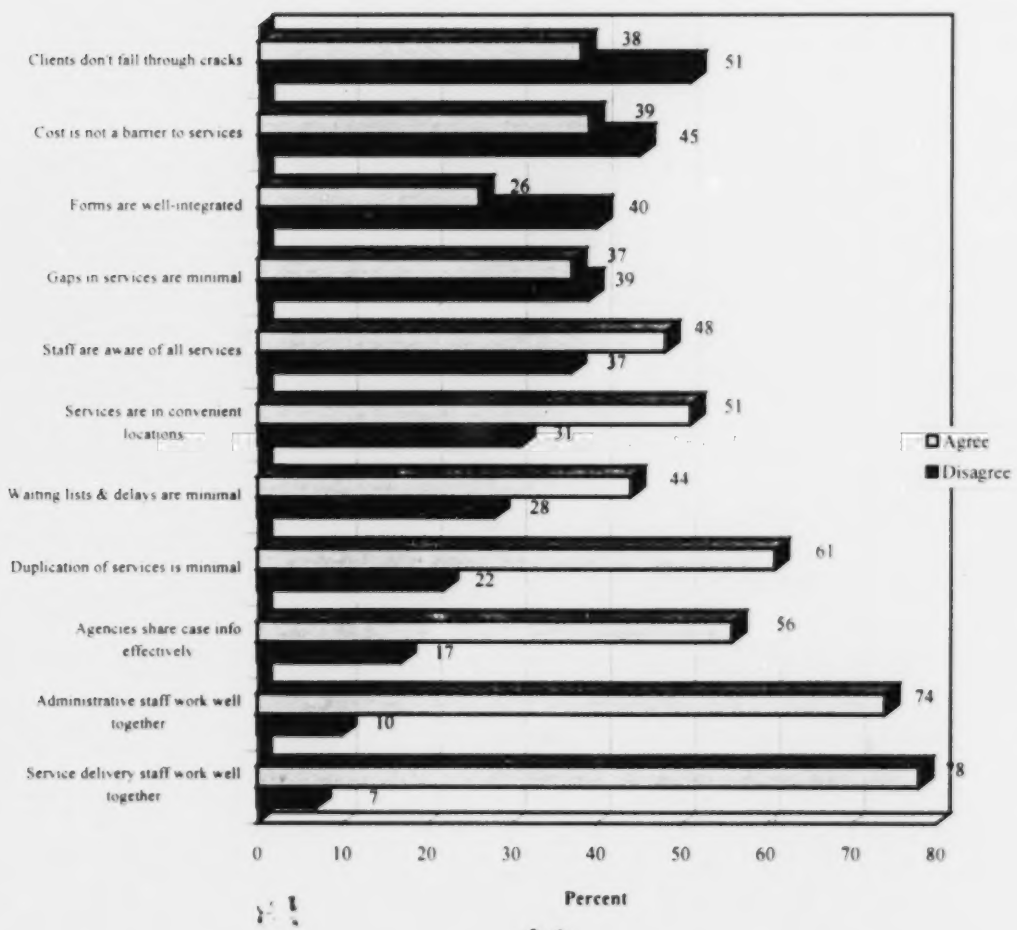
We asked key informants to indicate their agreement with eleven statements reflecting the quality and effectiveness of local services for children under the age of six. A zero to ten point scale was used to indicate the informant's level of agreement with each statement, with ten indicating the strongest level of agreement, zero indicating the strongest level of disagreement, and five indicating neutrality. Chart 5 provides data on the relative levels of agreement and disagreement for each statement, where a rating in the range of zero through four was categorized as "disagree," and a rating in the range of six through ten was categorized as "agree."

Respondents were encouraged to offer comments if they wished to elaborate upon their numeric response. All comments were entered in the database together with the related question.

Local Service System Strengths:

Collaboration Between Agency Staff: There is generally strong agreement (78% agree) that staff within service systems work well together, especially service staff, and some key informants give credit to the activities of local Partnerships. One person commented: *"WITH Smart Start a '6'; WITHOUT Smart Start a '2'."* Another noted, *"Smart Start has improved it, but there's a long way to go."*

Chart 5
Local Service System Ratings



Duplication of Services: Nearly three times as many key informants agree (61%) as disagree (22%) with the statement that duplication of services within systems is minimal, although some point out that *"it depends on the type of service."* Informants indicate that duplication is *not* a problem because a) many providers are limited in how many clients they can serve, b) overall, the availability of services is limited, and c) program diversity is desirable (*"families need choices"*).

Information Sharing Between Agencies: A small majority agree (56%) that service organizations share information effectively. Some note improvements in this area but others recount that cases still occur where families must repeatedly submit personal and family information because it is not routinely shared by organizations. While some informants indicate that concerns about confidentiality can be a barrier to information sharing, others say that they can usually get information *"when (they) ask"* and will provide it to other organizations *"when asked."*

Convenience of Services: While about half of the key informants interviewed agree (51%) that services are provided in the most convenient locations, many emphasized the need to develop *"one-stop services"* and a *"single-port of entry."* Many others commented about problems with transportation and the difficulty of serving all geographic areas equally. As one respondent put it,

> *"There really are very few convenient locations in this county because of its rural nature, the distance between towns and the lack of public transportation. For a family with no car or only one car it can be really, really difficult."*

Staff Awareness of Services: More respondents agreed (48%) than disagreed (37%) with the statement that staff are fully aware of available services, but a relatively large number still disagreed. Judging from the comments, this is an area where Smart Start has had the most impact. *"It's going better, as result of the Partnership,"* said one respondent, *"'10' due to meeting regularly,"* said another. There is still much room for improvement, however. *"High turnover,"* said one respondent, *" makes it difficult to get them trained in job-specific things and resources."*

Waiting Lists and Delays: While waiting lists and delays are considered minimal by some respondents (44%), Social Services Departments were singled out by a few respondents as having more problems with client delays than other agencies. Several respondents mentioned that

this was an area where Smart Start had made improvements, but others anticipated increased demands related to welfare reform.

Local Service System Weaknesses:

Falling Between the Cracks: More respondents disagreed (51%) with the statement about local clients "falling between the cracks" than with any other statement about their service system. One respondent simply rated their level of agreement, "*Negative 10!*" Another respondent commented, "*They always fall! Ultimately they do or we wouldn't be having these meetings!*"

Some informants attribute the existence of "cracks" to a lack of funding and excessively large caseloads. Some point out that the working poor often "fall between the cracks" because they are ineligible for publicly funded services and cannot afford services otherwise. Typical comments were:

> "*There are cracks, and money causes a lot of the cracks. Their lack of money and local programs' lack of money.*"
>
> "*Caseloads are too heavy on some people.*"
>
> "*When you have more needs than resources you don't always do a good job.*"

Another contributing problem seems to be the failure of local providers to systematically share information. Informants commented,

> "*It's a problem because of lack of information. Services may be there, but they might not know about it.*"
>
> "*A lot of times it's because of lack of education and information, and some of time it's not what you know, but who you know.*"
>
> "*Where I've seen children fall through the cracks is when they're receiving private physician's care. For example, 5 year olds who haven't been* identified (as having special needs) *because private physicians don't refer them for services.*"

Some key informants offered comments that point to a need for better early identification and prevention efforts. As one person put it,

> "*Those with really serious needs are less likely to fall between the cracks than those with SEMI-SERIOUS needs. For example, HIV infected don't fall between the cracks, but those at risk do.*" Another commented, "(Problems are addressed) *ONLY if the problem is serious. Otherwise they are left alone until they become serious. This is a system problem.*"

One respondent expressed concern that local systems will be less able to "fill the cracks" if local Partnerships lose control over how Smart Start dollars are expended. In her words,

> *"As long as legislation doesn't go through taking away local decisions about Smart Start funding, we'll be okay. We try hard locally to keep families from falling in the cracks."*

Cost as a Barrier to Services: More key informants disagree (45%) than agree (39%) with the statement that cost is not a barrier to services. One person who strongly disagreed commented, *"You're kidding right?"* while another quipped, *"Negative 20."* Several key informants noted, however, that cost is only a barrier for some services and some clients:

> *"For those eligible for Medicaid* (cost is not a barrier) *but for the working poor there is a big discrepancy. If you have a mom on welfare, she can have childcare paid for, she can get transportation, but if you are working, cost is prohibitive. It's like you have to make enough money to be self-sufficient or* (otherwise be) *completely indigent.*
>
> *"Specialized services are harder for kids whose parents have insurance. Medicaid covers all sorts of services for kids with developmental disabilities, but some kids whose parents have insurance get left out since they don't qualify for Medicaid or their parent's insurance."*

Integration of Forms: Lack of integration of forms and paperwork is also recognized as a system problem, but appears to be closely related to turf issues. Informants commented,

> *"I don't think anybody uses the same forms. I've been in different areas that did have standard forms, but not here."*
>
> *"No way! Everything is much too territorial."*

Several key informants indicated that this is an area for greater emphasis by Partnerships, but many noted serious impediments to reform. As one respondent commented,

> *"Different funding streams, confidential information and people not working in the same place make this very difficult."*

Gaps in Types of Services: There is slightly more disagreement (39%) than agreement (37%) with the statement that there are no gaps in the range of services available locally. Some key informants fault poor coordination within the service system. Others indicate that funding is a problem but that Smart Start funding is helping. One respondent from a new Partnership stated confidently, *"When the (Smart Start) plan is in place this will no longer be a problem."*

Variations Between Service Systems in Different Localities

The ratings that key informants give to their local service systems vary substantially from Partnership to Partnership. The data in Chart 6 provide information from the Partnerships with the highest and lowest mean rating for each of the eleven statements, treating the zero to ten rating scale as an interval scale. Chart 6 also provides information on the overall mean rating for each statement for all ten Partnerships. These ratings are similar to the information presented in Chart 5, but are interesting in that they allow the Partnerships to be compared on a statement by statement basis.

For example, the overwhelming majority of key informants in one Partnership disagreed with the statement that "children and families with serious needs don't fall between the cracks of the system" (lowest mean rating = 2.33), while the majority of key informants in another

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Chart 6
Range of Local Service System Ratings
(lowest and highest Partnership means and overall mean)

Statement	Lowest Mean	Highest Mean	Overall Mean
Children and families with serious needs don't "fall between the cracks" of the system.	2.33	7.11	4.27
Applications, intake forms, and client records from different programs for these children and families are well integrated.	3.24	6.13	4.50
Gaps in the types of services available are minimal.	4.05	7.26	5.08
Cost does not prevent families from receiving needed services.	3.56	7.72	5.15
Staff in all organizations serving young children and their families are aware of the full range of services of other organizations in the system.	4.20	7.35	5.45
Services are provided at the most convenient locations.	3.58	7.20	5.74
Waiting lists and delays in service delivery for those children and families are minimal.	3.59	8.27	5.99
Service agencies are sharing case information effectively about children <6 and their families.	4.88	8.40	6.57
Duplication of services is minimal.	4.72	7.88	6.60
Administrative staff from different programs work very well together.	5.75	9.20	7.35
Service delivery staff from different programs work very well together.	6.45	8.90	7.60

Partnership agreed with the statement (highest mean rating = 7.11). Across all ten Partnerships, the majority of all 269 key informants disagreed with the statement (overall mean rating = 4.27). This finding indicates that the community service systems represented in the sample vary dramatically on whether people "fall between the cracks." In fact, this disparity in ratings across Partnerships occurs for all statements. The least amount of variation in ratings was for the statement "service delivery staff work very well together."

Another way of looking at this variation between Partnerships is found in Chart 7. The data on this chart were derived by finding the mean score for all eleven statements for each key informant, and then finding the average of those mean scores for all the key informants from each Partnership.

Clearly, the service systems in which the Partnerships operate differ dramatically in their overall level of integration and effectiveness. In attempting to explain this disparity we analyzed the system rating data, on a statement by statement basis, by Partnership maturity (i.e., 1993 and

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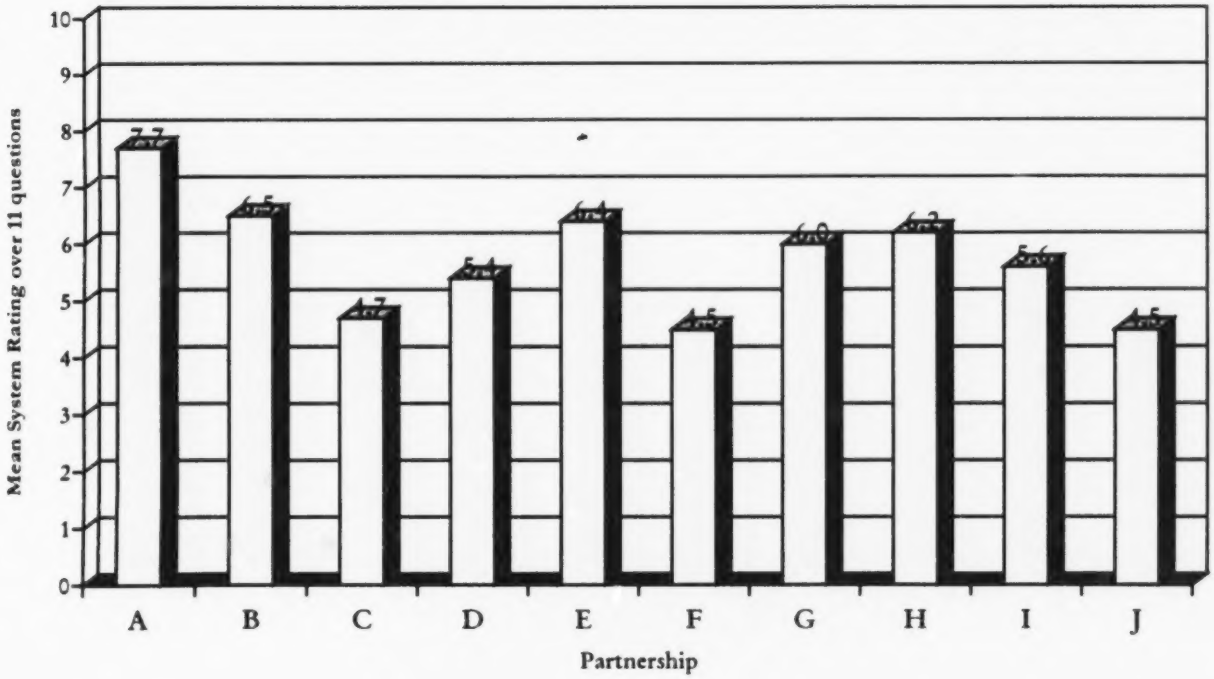
Chart 7
Summary Ratings of Local Service Systems



1994 Partnerships versus 1996 and 1997 Partnerships). Differences are found for nearly every statement. Key informants from Partnerships that had been formed in the first two years of implementation are more likely to see their service delivery system in a positive light than key informants from Partnerships that had been formed in years four and five. In fact, twice as many key informants in the more mature Partnerships agree that services are being provided at convenient locations, gaps in services are minimal, and clients do not "fall between the cracks." Key informants from these early Partnerships are also more likely to agree that organizations within their systems share case information effectively, that there are few delays in service delivery and that costs are not a major factor in limiting services.

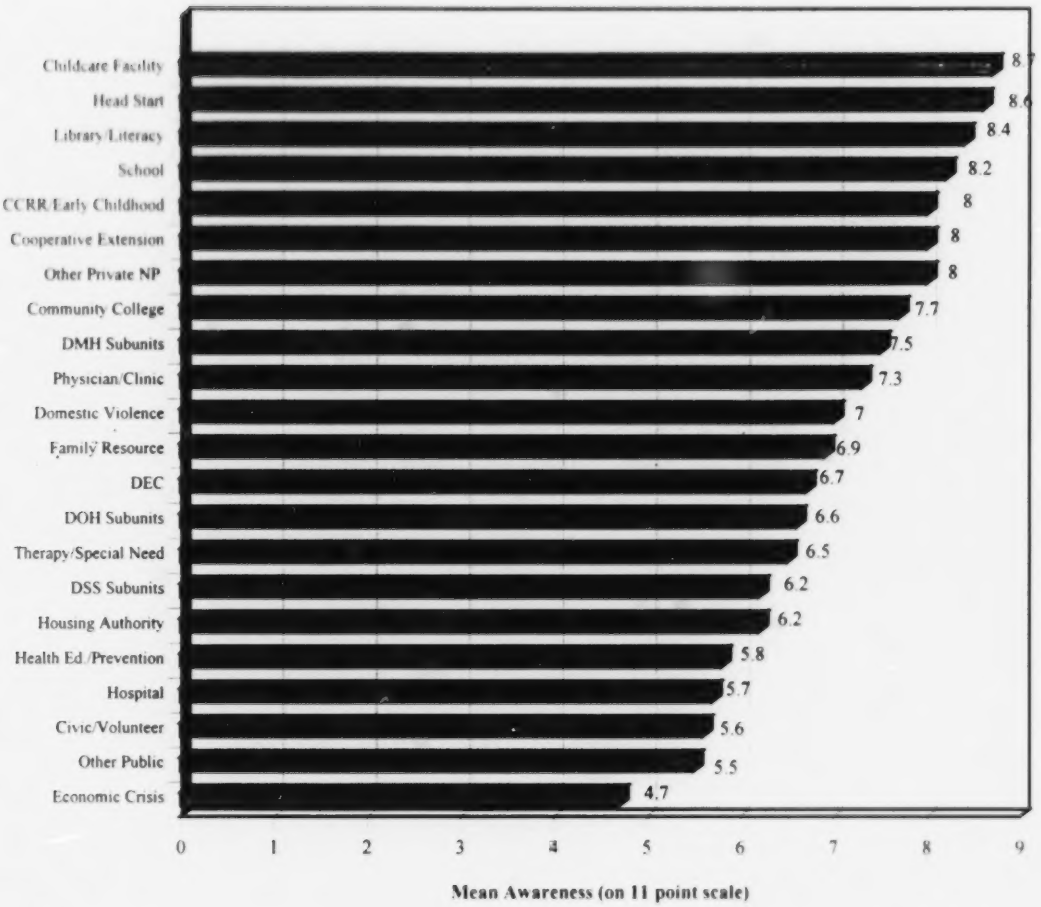
There are alternative explanations to the above findings. It may be that the service systems in which the earlier Partnerships formed were already more collaborative, adequately funded, and well integrated than the systems in which the later Partnerships formed. Alternatively, the Smart Start process itself may have engendered system reforms that matured with the Partnerships. In fact, both explanations may be true. Comparisons between these ten systems in 1997 and where they might be in the future should help to unravel this puzzle, and should provide a more definitive measure of the effectiveness of Smart Start in achieving system integration and effectiveness.

The Local Implementation of Smart Start

Awareness of Smart Start

Each respondent was asked to rate his or her level of awareness of local Smart Start activities on a scale of 0 to 10, with 10 meaning highly aware and 0 meaning unaware of these activities. As the data on Chart 8 indicate, the organization representatives most aware of Smart Start activities and initiatives included childcare and Head Start organizations, library and literacy organizations, public schools, childcare resource and referral organizations, and cooperative extension services. The organization representatives least aware of Smart Start activities included economic crisis support organizations, civic and volunteer organizations, hospitals, and health education related organizations. Of the large local public organizations, staff members from the departments of social services and the departments of health were the least aware of Smart Start activities.

Chart 8
Mean Level of Awareness of Smart Start Activities

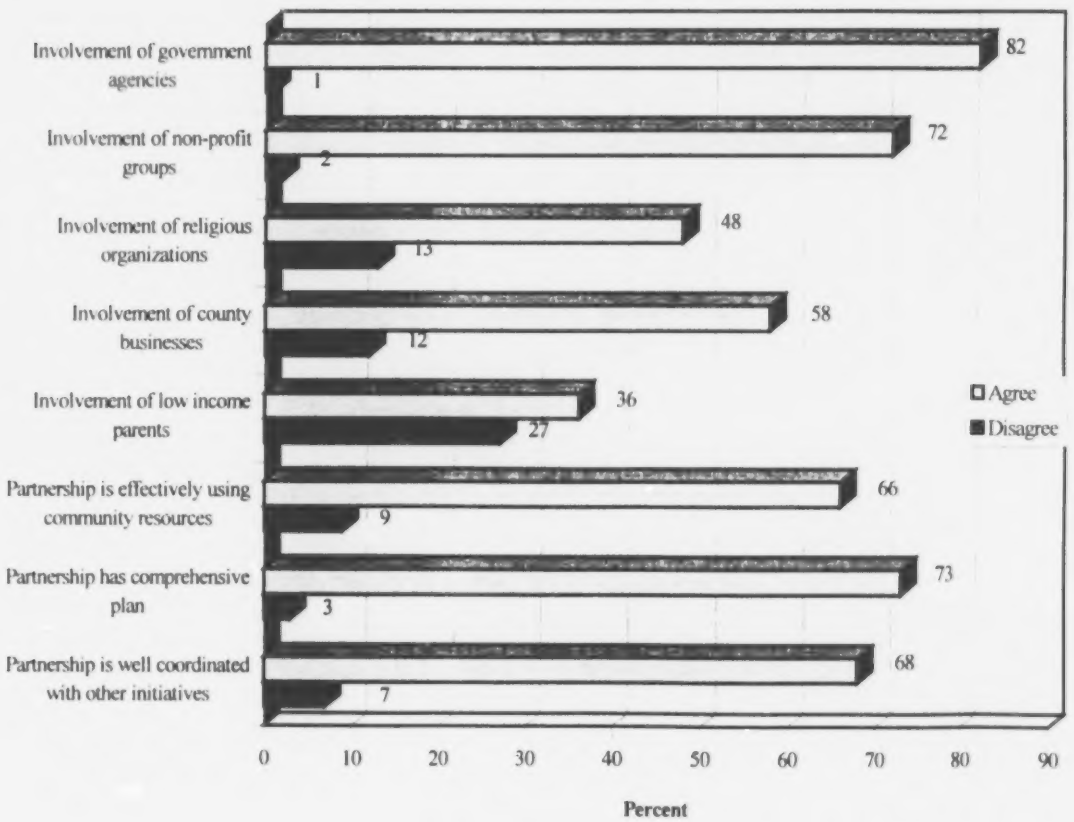


Stakeholder Involvement

Chart 9 shows the proportion of respondents who agree and disagree with statements that stipulate that various groups have had a meaningful role in developing their Partnership's plans and programs. Clearly, public organizations and non-profit groups were the groups most likely to be seen as involved in the planning process. Low-income parents was the group least likely to be seen as meaningfully involved, followed by religious organizations and businesses.

Low Income Parents: A lack of meaningful involvement of low-income parents seemed to concern many respondents, but several commented they felt that this was not because of lack of effort. *"The Partnership gets a 10 for trying,"* said one, *"Just on whether or not there's participation, an 8."* Some identified specific obstacles and made suggestions for how to overcome them. One board member explained they had tried offering rides and cab-fare, but that parents still lacked time, *"We tried getting them involved with the board, but they're often working 16-18 hours."* In addition to transportation, other obstacles that were mentioned included lack of childcare, lack of comfort of parents due to lack of professional background, and the fact that unlike other board representatives, most parents did not speak for any organized group.

Chart 9
Ratings of Partnership Involvement and Effectiveness



Several respondents identified this as an area where they would like their Partnership to put more emphasis. One respondent summarized her concern like this:

> *"More inclusion of low-income families and children in need. In my mind there is a bureaucracy in this county that dictates what will be done and not done, and those with the needs have little input. The bureaucracy thinks they know what people need, but they don't. For example, I may think the best way for my patient to prevent infant mortality is to stop smoking, but when I actually talk to her I may find her main concern is bus fare. Maybe if I give her bus fare, I can stop her from smoking... I think they need to explore organizations that are working directly in the community. One thing I really detest is that they mandate that DSS and all the major agencies are on the board and have a controlling voting power. They are going to make decisions in the best interests of their organizations and they get the bulk of the funding."*

Religious Organizations: Religious organizations were the second least likely group to be seen as "meaningfully involved." Comments indicate that participants in some Partnerships were discouraged by early opposition from some religious groups. *"Some of them were so 'anti' from the beginning, I'm not sure...,"* said one respondent. Other comments suggested that there was a particular need to involve African-American churches:

> *"I'm not so sure that they have reached the faith community, that the African- American and minority community have been as involved as they needed to be. Good representation of faith community in general, but, not those. I sometimes feel the African-Americans on the board are expected to address this as well as their other roles and this doesn't always work."*

Businesses: Businesses were the third group seen as being less meaningfully involved. *"Businesses' role has been sought out,"* said one respondent, *"but there's a long way to go to fully get them to understand what it's all about."* A few respondents said that businesses had been invited, but that other than childcare businesses, had not shown up. *"We need more on the board,"* said one respondent, *"unfortunately it's only been financial requests up to now."*

When the data on Partnership involvement were compared by Partnership maturity and by whether the Partnerships were in rural or urban counties, some differences were noted. In terms of Partnership maturity, the only substantial difference was in the case of the rating of low-income parent involvement. Respondents were more likely to agree that low-income parents had been meaningfully involved in the more mature Partnerships (51%) compared to those in the latter two waves of the Partnerships (33%). There were no differences in views regarding the involvement of government organizations and non- profit groups by Partnership maturity or by rural or urban status. However, organizations from rural communities were much more likely to

agree that religious organizations, county businesses, and low-income parents had been meaningfully involved in their Partnership planning.

Resource Use, Planning, and Coordination with Other Initiatives

Respondents were also asked to rate the effectiveness of local Partnerships in using community resources, planning, and coordinating with other initiatives. As the data on Chart 9 indicate, approximately two out of three respondents agreed that the Partnerships were using community resources effectively, had a comprehensive plan, and were coordinating well with other initiatives. Relatively few key informants disagreed on these three critical points. Comments indicated, however, that several Partnerships had faced some difficulties in coordinating with other initiatives.

> *"Smart Start has not had an effect,"* said one respondent. *"If anything, it has been more confusing for the county. What does Communities in Schools do? What does the Partnership for Children do?* (a local business gives annually to Communities in Schools) *They were like, 'Why should we give to the Partnership? What's the difference? Maybe it's because we both started up within one year of each other. It's confusing..."*

Some communities have faced issues regarding the respective roles of the Partnership and their Local Interagency Coordinating Councils, which focus on coordinating services for children with special needs:

> *"One of my concerns has been that we can't get (the Partnership Director) to come to the Local Interagency Coordinating Council meetings where I see the seeds of what can work. She has not been an active member."*
>
> *"To begin with Smart Start didn't even have a special needs person on board,"* said another, *"it was through the State Interagency Coordinating Council that special needs were brought into consideration."*

A few respondents seemed concerned that their Partnership was attempting to assume too much control over the delivery system or set up duplicate programs. A Department of Social Services director who was one of the leaders in attempting to integrate services in his community said that his involvement was limited because of, *"(t)he Smart Start organization's philosophy of setting up alternate service delivery systems."* Another Social Services representative from a different county noted, *"DSS already has a daycare program with different views and guidelines than Smart Start and sometimes there is conflict."* One respondent expressed the concern that,

> *"...It is taken too broadly, that notion of children and their families. Instead of being just*

a funding source, it is becoming the non-profit equivalent of a Health & Human Services agency in that it is setting up programs including administration and overhead. More services should be delivered through existing agencies."

When the data on planning, coordination and resource utilization were compared according to Partnership maturity and rural or urban status, some additional differences became apparent. Respondents in rural counties were somewhat more likely to report that their Partnerships were effectively using community resources, but there were no differences between rural and urban communities in their estimation of the quality of planning or coordination with other initiatives. When comparing the earlier and later waves of Smart Start implementation on each of these statements, respondents from organizations in counties where Partnerships were established in the first and second year were more likely to agree their Partnership was performing well in the aforementioned areas. For example, 80% of respondents from older Partnerships compared to 63% of respondents in more recently implemented Partnerships viewed their Partnerships as coordinating well with other initiatives. This may indicate that it takes time for organizations to become acquainted with each other and work through "turf" issues.

The effectiveness ratings that respondents give to their local Partnerships vary notably from Partnership to Partnership. Chart 10 shows the mean score on a 0 to 10 scale for each of the eight effectiveness statements as well as the mean score for the Partnerships with the lowest and highest mean scores. In terms of involvement of various groups in the planning process, the greatest differences between Partnerships occurred in the role that low-income parents play in developing the Partnership plan and program. There were also relatively large differences across Partnerships in the role that religious organizations play in the planning process. Apparently a lack of involvement by these groups is not inevitable.

Limitations on Involvement in Local Partnerships

Each respondent was also asked whether there are things that limit his or her organization's involvement in local Partnership activities and, if so, what they might be. Over half (53%) of the agency representatives said nothing limits their involvement. Most of the remaining respondents mentioned time and staffing limitations. Other highlighted obstacles to involvement include conflicts between agency leaders and programs, lack of local political support,

Chart 10

Mean Partnership Ratings by Statement

(lowest and highest Partnership means and overall mean)

Statement	Lowest Mean	Highest Mean	Overall Mean
Low income parents in the county have had a meaningful role in developing the Partnership's plans and program.	4.27	7.50	5.62
Religious organizations in the county have had a meaningful role in developing the Partnership's plans and programs.	4.96	7.44	6.46
Businesses in the county have had a meaningful role in developing the Partnership's plans and programs.	6.00	7.78	6.83
The Partnership is making effective use of all available community resources.	6.33	9.00	7.68
The Partnership is well coordinated with other human service and interorganizational initiatives.	6.31	9.35	7.78
Non-profit groups in the county have had a meaningful role in developing the Partnership's plans and programs.	7.00	8.47	7.79
The Partnership has a comprehensive plan to improve the lives of young children and their families.	7.17	9.29	8.40
Government agencies in the county have had a meaningful role in developing the Partnership's plans and programs.	7.49	9.53	8.52

bureaucratic rules limiting agency participation, bureaucratic aspects of Smart Start, lack of communication from Partnership staff, and travel distances to meetings. Typical comments illustrating each type of limitation to involvement are included below:

Conflicts Between Agency Leaders and Programs:

"(The) *Smart Start organization's philosophy to set up alternate service delivery systems.*" (from a Social Services representative leading another effort at system integration)

"DSS already has a daycare program with different views and guidelines than Smart Start and sometimes there is conflict."

"Our executive board limits our involvement in it. I think people in their position feel threatened by it because they (the Smart Start Leaders) are doing such a good job. The Smart Start people are more dynamic leaders."

"The leadership of our organization [the school system] hasn't been committed to or involved in the Partnership"

Lack of Political Support:

"The Political Climate was anti-Smart Start. County commissioners would not allow Smart Start in the community...Now they've agreed, but not with enthusiasm."

A representative of the schools said, *"Politics and turf. The area of young children is highly politicized. We get a lot of criticism from day care centers. There is a lot of strong Christian Coalition-type thinking.* (School provision of day care is) *seen as detrimental to the family."*

A Department of Health representative in one county noted that, *"Until 8 months ago, the Board of Health would not let us participate... They didn't let any of us participate until we started getting money."*

Bureaucratic Obstacles:

"DEC as a state agency is not encouraged to apply for grants. There's an awful lot of bureaucracy to get a grant."

"I think the Partnership has gotten too bureaucratic. Handling finances is crazy. Maybe funds weren't handled correctly so now they are tying our hands because of a mistake of a few other Partnerships. There's too much control from Raleigh. They need to give counties flexibility and trust. I had to send in the checkbook. I felt like a child."

"We're grassroots...sometimes for a group like that paperwork can be stifling and can scare people off. You must maintain a paper trail."

"Lack of organization on their part, they need to quit planning so much and start attacking the problem."

Lack of Communication from Partnership:

One respondent said that what had limited her involvement was, *"Communication from Smart Start. I have to make calls to find out about meetings. Smart Start needs to communicate better."*

Another confided, *"...and this is really confidential. The Executive Director...I know the community is not presented grants and opportunities as facts. Information is not objectively distributed. They're not given correct information or all information for whatever reason. People have become aware and are turned off to Smart Start."*

Overall, these comments reflect differences in the levels of engagement and participation among the people and agencies participating in local Partnership boards and activities. While half of those interviewed indicated that nothing limited their participation, challenges remain for others in getting the information they need about Partnership activities, clarifying the respective roles of state and local Smart Start efforts, and perhaps most important, reconciling the respective needs of particular agencies with the broader needs of the community and its children and families. The issue of "turf" or balancing agency responsibilities remains, and this is still one of the biggest obstacles to local Smart Start collaboration.

Differences in Partnership Effectiveness Ratings

Just as there were significant differences in the ratings of local service system capabilities, there is considerable variation across Partnerships in aggregate Partnership effectiveness (Chart 11). In fact, the overall patterns of variation in service system capability ratings (see Chart 7) and Partnership effectiveness ratings are quite similar. Partnerships in counties with better coordinated service systems tend to have greater involvement of people and more effective planning processes.

There was substantial variation across Partnerships in the roles that low-income parents and religious organizations play in developing the Partnership plan and program. Further, almost all the respondents from one Partnership agreed that their Partnership is making effective use of

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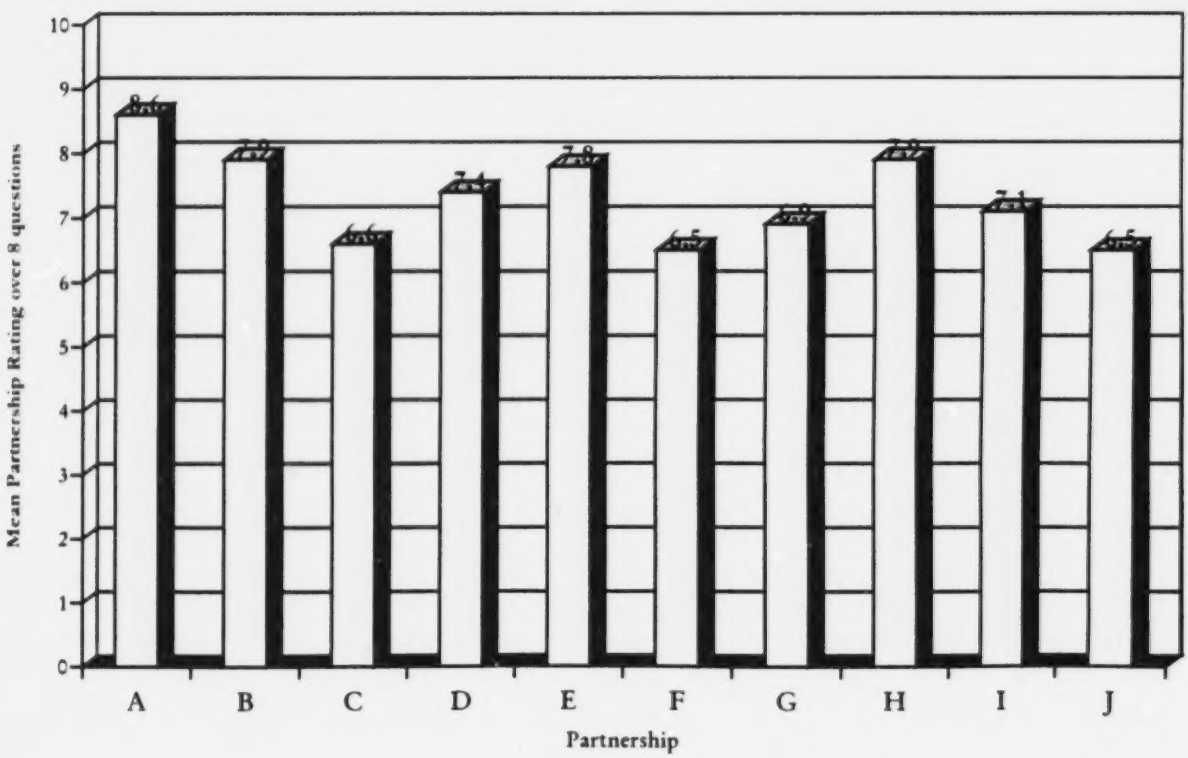
Chart 11

Summary Ratings of Partnership Involvement and Effectiveness



community resources, is well coordinated with other human service and inter-organizational initiatives, and has a comprehensive plan to improve the lives of young children and their families. In comparison, representatives from other Partnerships were much less likely to agree about to the effectiveness of Partnership coordination, planning and resource utilization. Similar to the patterns noted earlier, these differences may reflect the advantage that rural Partnerships with smaller agencies and fewer staff have in coordinating initiatives, planning, and utilizing resources. In addition, more mature Partnerships may have an advantage in that they have had more time to develop their planning and coordination processes.

Collaboration Development under Smart Start

One of the key questions related to the implementation of Smart Start is the role that local Partnerships for Children may have played in strengthening collaborative relationships among organizations that serve young children and their families. It was anticipated that the effective development of Smart Start would be related to the number and quality of collaborative relationships established locally among organizations in the child and family serving network. The following findings result from an analysis of the number of collaborative relationships that exist among organizations that support Smart Start objectives and the extent to which these relationship are either new relationships or have become more productive under Smart Start.

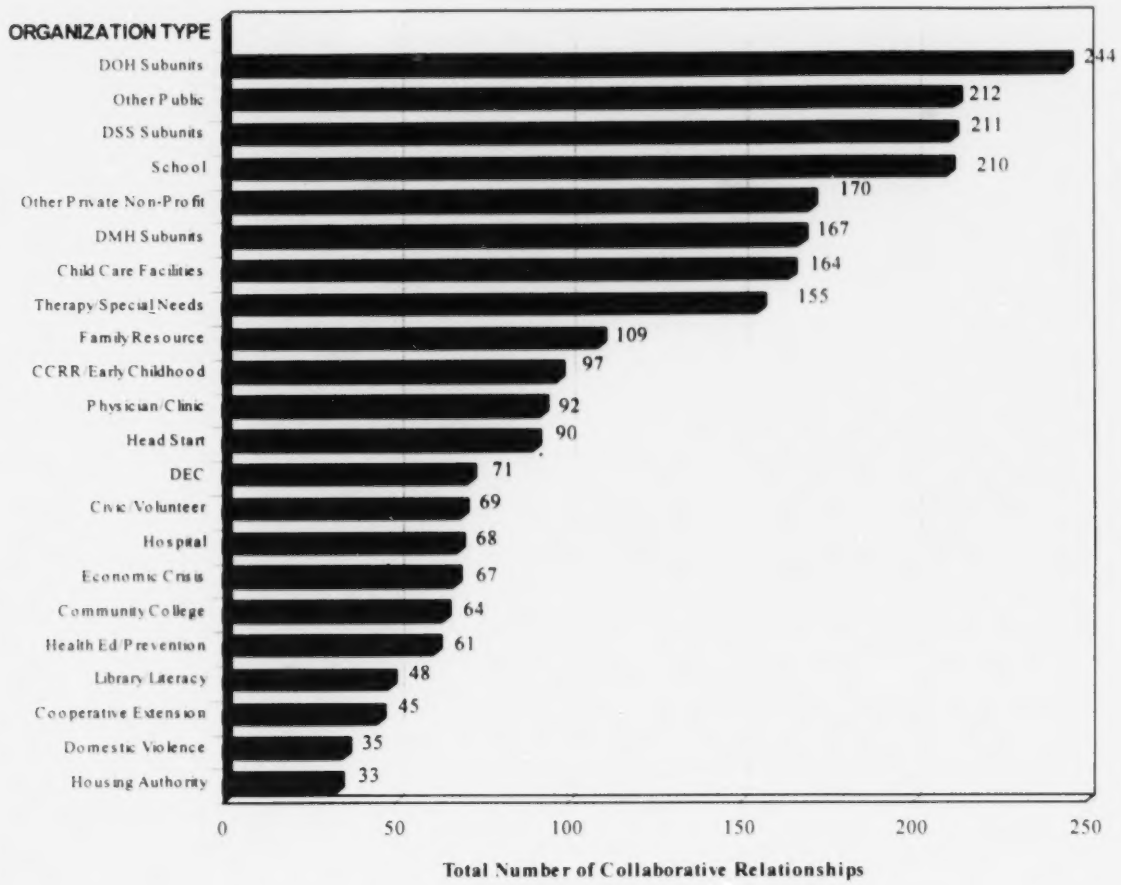
Frequency of Collaboration with Different Organization Types

Respondents were asked to cite the organizations with which they work to support efforts to improve the lives of children under six. The data on Chart 12 indicate the number of times a particular type of organization was cited. This serves as a general indicator of the prominence of each type of organization in the network of collaborating agencies in the 10 sampled counties.

As is evident from these data, health and social services departments, public schools, and other public organizations were the most frequently cited Smart Start collaborators. Other types of organizations commonly cited include departments of mental health, childcare facilities, organizations supporting special needs children, and family resource centers. Respondents were less likely to mention housing authorities, economic crisis organizations, domestic violence services, libraries and literacy organizations, cooperative extensions, and other private-for-profit

Chart 12

Collaborative Relationships Cited by Respondent Organizations



organizations. It is interesting to note that some organizations, such as cooperative extension agencies and community colleges, are generally members of Partnership boards and participate regularly in Partnership meetings but are not cited frequently as being part of the network of early childhood support organizations.

New and More Productive Collaborative Relationships

The data in Chart 13 indicate that there have been a noteworthy number of new collaborative relationships formed since local Smart Start activities were initiated. Every type of organization represented in the study joined new collaborative relationships after the local

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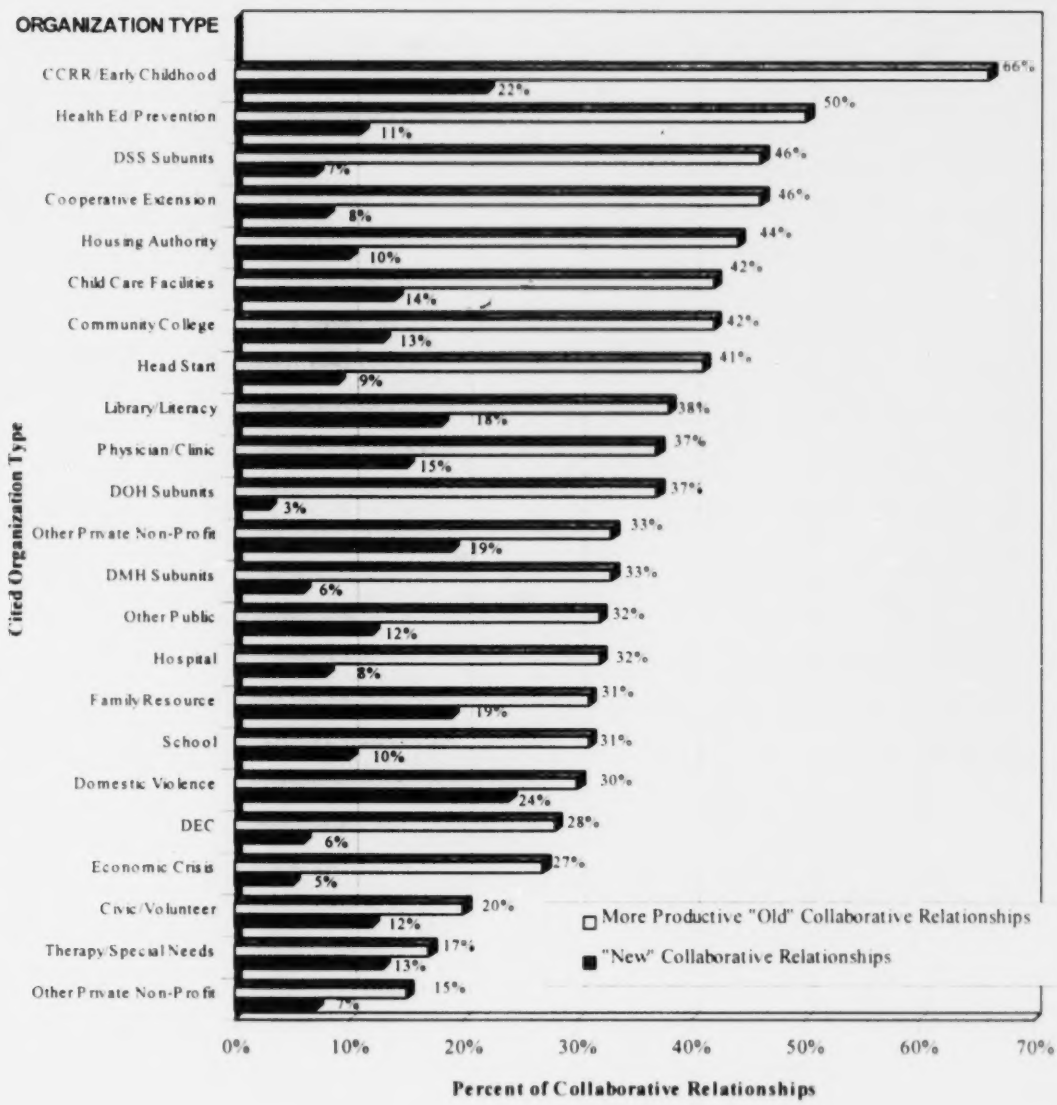
Chart 13
Improved Collaborative Relationships Since Smart Start



planning process began. Respondents attributed many of these relationships directly to Smart tart. In fact, many new relationships were formed with childcare resource and referral organizations because many of these organizations were initiated with Smart Start funds.

Other than childcare resource and referral organizations (22% new), the proportion of new collaborative relationships was highest for domestic violence related organizations (24% new). Other organizations likely to be new collaborators included family resource centers, library and literacy support organizations, medical clinics, and childcare facilities. There were fewer new collaborative relationship with departments of health (3% new), mental health (6% new) and social services (7% new), probably due to the previous prominence of these large agencies.

The data also indicate that there have been improvements in the productivity of the relationships that predated Smart Start activities. Increases in the productivity of preexisting or "old" collaborative relationships were much more common than new collaborations (see Chart 13). Not surprisingly, the "old" relationships most likely to be more productive included childcare resource and referral services (66% "more productive") and health education services (50% "more productive"). Other types of organizations that respondents were likely to report as more productive collaborators included departments of social services (46% "more productive"), cooperative extension (46% "more productive"), housing authorities (44% "more productive") and community colleges and childcare facilities (42% "more productive"). Services for special needs families were noteworthy in that while the number of "old"collaborative relationships was relatively high, the percentage of those relationships that had experienced significant productivity gains since Smart Start was comparatively low (17% "more productive"). This may indicate that either Partnerships are not giving significant attention to children with special needs or that those relationships were already strong prior to the implementation of Smart Start.

Collaboration Between Public, Private, and Non-Profit Groups

When the data on cited collaborative relationships are organized according to the public, private, or private non-profit status of the organizations (see Chart 14), it is evident that the largest number of collaborative relationships are between public organizations (38% of total) and between public and private non-profit organizations (37% of total). This indicates the dominant role that public organizations play in local Partnerships and the continued importance of publicly

funded organizations for young children and their families. The greatest gains in terms of new collaborative relationships, however, were between non-profit organizations (25% of all relationships). Many new relationships were also reported between non-profit and public organizations (13% new) and between non-profits and private for profit organizations (15% new).

Chart 14

Collaborative Relationship Pairings Cited by Respondent Organizations

Collaborative Relationship Types	Total # Collaborative Relationships Cited	% Total Collaborative Relationship Cited	Of Total, "New" Collaborative Relationships (%)	Of Total, More Productive "Old" Collaborative Relationships (%)
Public—Public	957	38	5	36
Private Non-Profit—Private Non-Profit	352	14	25	33
Private—Private	11	.5	0	27
Public—Private Non-Profit	932	37	13	36
Public—Private for Profit	176	7	5	41
Private N-P—Private for P	84	3	15	27
	Total = 2512	**Mean = 19%**	**Mean = 11%**	**Mean = 33%**

"Old" collaborative relationships between public organizations and private organizations were the most likely to be perceived as becoming more productive (41% "more productive"). Public organizations were also more likely to be perceived as having more productive relationships with private non-profit organizations and with other public organizations (both 36% "more productive").

Overall, it appears that the Partnerships have been quite successful in engendering new public-private collaborations and supporting more productive collaboration between public agencies.

How Smart Start has Improved Collaboration

Hundreds of thoughtful comments were made by key informants about *how* specific collaborative relationships have become more productive since local Partnerships began their planning process. Very occasionally a key informant noted that they felt an increase in productivity or a new relationship was not related to Smart Start but much more frequently the comments detailed how Smart Start made a difference. There were many examples of how Smart Start had financed new projects that increased collaborative activity.

Money Matters but Meetings Matter Too: The most striking aspect of the comments regarding collaborative relationships was the emphasis many placed upon the Partnership planning process itself as a catalyst for increasing awareness of each other's programs, developing relationships, and finding new ways to work together. Some typical comments follow:

> *"They've come to some of the board meetings and it's opened the lines of communication."*
>
> *"Since Smart Start there has been better communication and each feels they are each other's customers."*
>
> *"We're talking, networking, with Department of Social Services people we've met since the Partnership meetings have started. There's a whole lot more information exchange and we are thinking Partnership. It was beginning to happen before the Partnership, but you see more of it happening now."*
>
> *"The prospect of Smart Start caused us to have a lot more conversations and information sharing"*
>
> *"We are better versed in the programs they offer so we can refer them over for their programs."*
>
> *"We've been abler to mutually see the programs the different organizations can offer. Thus we have more appropriate referrals."*
>
> *"We have had a lot more meetings with them to get better acquainted and get a better sense of what the mutual children we serve need."*
>
> *"We've become more collaborative, have had forums together, done away with turfism, work hand in hand."*

Spin-Off Effects: There were also indications that collaborative work and collaborative projects sometimes thrived as an indirect result of Smart Start even when funds from the program did not materialize, or after they were discontinued.

> *"We had hoped to get a Smart Start grant for that, but since they had been late in getting funds, we applied for a grant elsewhere and got it."*

"We got the grant before Smart Start and then Smart Start came along and it was an opportune time to collaborate with other organizations."

"For a period we had a Smart Start contract with them...before that we just didn't have much contact. That improved the relationship with referrals both ways, even after the contract expired."

Development of a Broader Vision: As the comments noted above indicate, many of the improvements in collaboration seem to have been related to improved communication, planning, and the availability of resources to bridge programs and fill unmet local needs. There also appear to have been less tangible benefits of the local Partnerships. Key informants from each organization were asked what they saw as the main problem facing children under six and their families, whether their views had changed since their local Partnership began its activities and, if so, how. A complete analysis of these questions will be presented in a future report. A sampling of the comments of those who said their views changed, however, illustrates how the process of meeting and planning together has raised awareness and a sense of collective purpose to help children.

"Agencies are thinking differently about problems -- Smart Start has helped us solve issues collaboratively. Yes, just in terms of how agencies think."

"I thought it was government problem. I thought it was government inadequacy. But I found out government can assist us in doing some embracing, but to maintain the process is a community process."

"We have a common philosophy now. Even in a small community like our own where we knew everyone by name and face, because of Smart Start, we now work much more efficiently and are impacting lives and making a difference".

"My agency is special needs oriented, before I had no idea of the lack of and appalling condition of child care in county."

"I became more aware of needs outside of the medical world."

"I've become more aware of the pervasiveness of the problem and more concerned on a county wide level rather than just specific to my agency."

"There is an increased awareness and collaborative effort that Smart Start has brought to all of us. We now look at the whole child – we are all more aware of the whole child."

Future Challenges for Local Partnership Collaboration

Although there is substantial evidence that Smart Start has helped to promote collaboration among organizations that serve young children and their families, it is clear that

many respondents felt that much remained to be done. Respondents were asked to *"please name what you feel is the biggest problem with the overall system of services for young children and their families in your county."* A variety of problems were identified but particularly frequent mention was made of the need to not only continue working to promote collaboration, but also make more systemic changes to improve the coordination and integration of services. Many comments focused on the need to create a more integrated system of communication and record-keeping. Obstacles to service integration that were grounded in agency rules and legislative mandates were also identified. Below is a sampling of these comments:

> *"Families have to deal with far too many people across agencies and with changes of personnel within agencies. There are too many people with a little piece of the family..."*
>
> *"The fragmentation and lack of collaboration between agencies sometimes leads to duplication but sometimes leads to children not getting what they need."*
>
> *"It's not integrated. Parents have to bounce from agency, to agency, to agency. There's no single portal of entry for families."*
>
> *"Lack of automation. There's no single seamless integrated system. There's still too much rote duplicated intake process. It's cumbersome and wasteful. There's got to be some way to unify the process. You just can't be poor six different ways, I just don't see it."*
>
> *"Multiple requirements from multiple agencies from the federal level on down. The various agencies have a multitude of rules and regulations. The agencies don't pull together. We don't have a single portal of entry and this makes it difficult for the families."*
>
> *"Again, everybody doesn't know the services and what is available. A shared database and intake form would be nice."*
>
> *"No computer system to interlock services. It's hard to communicate. We are working on that."*
>
> *"Lack of coordination and knowledge of the system. There is no road map."*
>
> *"Well, I think that we need to integrate paperwork and be automated to the point where we can easily access information. And I think there have been efforts to do that, but not from every organization. They're trying to automate all the forms we are using in social services, but it would be nice if they included other organizations as well."*
>
> *"We work well together. The biggest problem is the bureaucracy is hard to integrate to provide services. For instance there are no continuous programs in summer, they do get services, but it's a patchwork not a smoothly running service delivery. We are not able to integrate our services because of our respective guidelines. Invariably we'll have some duplication because of the way things are set up."*

These comments, as well as others in this report, indicate that that the Partnership collaboration process is still immature and in need of continued development and encouragement. This report also represents the first stage in the analysis of this data. Future analyses will: (1) look

in greater detail at which organizations are working together in each local Partnership, (2) examine network characteristics such as fragmentation, centralization, and the density of relationships (which may be used to diagnose service system functioning), and (3) track changes in these network measurements over time and their relationship to other measures of system performance.

CONCLUSIONS

Although this research represents only the first stage of a longitudinal research design, there are several key conclusions that can be drawn from analysis of data derived from interviews with the representatives of local organizations serving young children and their families.

- ***Smart Start appears to have improved collaboration among local organizations that serve young children and their families.***

Evidence from this research indicates that Smart Start has had a positive effect on inter-organizational collaboration designed to benefit young children and their families. New collaborative relationships have been formed and more productive relationships are evident in all 10 Partnerships included in this analysis. Many of these new relationships were attributed to the local Smart Start process. New inter-organizational relationships tend to include child-care resource and referral organizations, domestic violence organizations, family resource centers, libraries and child care facilities. The productivity of existing relationships has been substantially improved across all service sectors, especially between public agencies and between public and private non-profit organizations.

- ***There remain substantial variations across Partnerships in levels of inter-organizational collaboration.***

The levels of collaboration between organizations that serve young children and their families are uneven across the counties. Higher levels of collaboration characterize some Partnerships and lower levels characterize others. Overall, the earlier and more established Partnerships exhibit greater collaboration than those established more recently, but there are exceptions to this pattern. The earlier Partnerships have some advantage in having had more time for collaborations to be formed and maintained. They also tend to exist in communities that have stronger inter-agency collaborative systems. It is not possible to tell without longitudinal data if the Smart Start Partnerships helped to promote these collaborative linkages and if with more time the more recent Partnerships will also exhibit higher levels of collaboration. What can be noted thus far is that communities vary considerably in their levels of collaboration between organizations that serve young children and their families. It should also be noted that Partnerships in rural communities are more likely to have stronger collaborations than those in urban communities. Rural Partnerships may be advantaged by historically stronger ties between

smaller agencies with more familiar staffs.

- ***The local Partnership boards and planning process appear to encourage inter-agency collaborations.***

The results of this research so far point to two advantages of the local Partnership model: 1) service providers found that although many were mandated to participate and some were mainly attracted by the prospect of new funds to fill unmet needs, the *process* of meeting and planning together was valuable in raising awareness of other services, broadening their understanding of local problems facing young children and their families, and increasing communication and collaboration between agency leaders; 2) service systems are quite variable, while some problems of service coordination and need are primarily affected by state and federal policies, local planning has advantages in addressing local differences. Evidence of these advantages comes in the form of reported increases in inter-organizational awareness and communication. Also reported were improved relationships due to reduced mistrust and "turfism" and greater recognition of common interests and benefits for children and families.

- ***There is uneven participation among members of local Partnerships***

Local Partnerships for Children have a broad mix of members. Attendance at meetings and discussions is particularly high for public organizations and for key non-profit agency members. These organizations have much to gain from receiving funds for services they deliver. This is much less true for low-income parents, business leaders and for representatives from the faith community. Nearly everyone agrees that these groups should be represented at the table but that they are underrepresented in Smart Start decisions. Much more needs to be done to increase their involvement and to make them a part of the local process, even though they are not often recipients of funding.

- ***There is a potential link between Smart Start collaboration and local human service system coordination and integration.***

The collaborative processes that have developed under Smart Start are associated with broader attempts to coordinate services in many communities. Although Partnerships appear to be an effective vehicle for promoting collaboration, many respondents also identified a need to continue efforts to coordinate and integrate their service systems. For example, many identified

the integration of paperwork and the development of better systems to promote information exchange among agencies as their most important and difficult challenges. These are challenges that local Partnerships may be uniquely placed to address, especially as they relate to services for young children and families. The success of such endeavors may depend in large part on how successful a Partnership has been in winning the trust of all service providers. Participants need to be reassured that the Partnership will serve as a fair and open coordinating body and not compete with other organizations to provide services or favor certain organizations and programs. It is clear, however, that many Partnerships have more work to do to fully include and involve all stakeholders and to address broader issues of human service access, coordination and monitoring.

- ***Additional analysis will be necessary to examine the potential effects of Smart Start regionalization and welfare reform.***

Two issues that emerged in the discussions of Smart Start and collaboration present potential challenges to sustaining and developing collaboration: the implementation of Work First and the consideration of regional Partnership Boards. As Work First has been implemented many localities have experienced increasing demands for childcare subsidies and other support services. Depending on state budgetary decisions and other policies, this may make it more difficult for some agency personnel to commit time and energy to Smart Start. Smart Start commitments to provide childcare subsidies to former welfare recipients could also reduce the amount of discretionary funds available to local Partnerships for local collaborative projects that respond to unique local needs. Competition between agencies and with other inter-organizational initiatives has already intensified in some communities.

Regionalization of Partnerships is another issue that emerged from the interviews. Some Partnerships have been in the process of creating regional Partnership boards rather than county specific boards. It is anticipated that these could result in some savings and increases in efficiency, but this could also make it more difficult to bring all important local organizations and agencies together, make sure they are meaningfully involved in local Partnership decisions, and develop new solutions to local problems of service coordination. Counties that have been working to build and sustain local Partnership boards, despite being "passed over" when Partnerships were selected to receive funding in earlier years, may be discouraged if a regional board supercedes (even if it does not completely supplant) the local board. There is evidence from this research that

much of the benefit of the Partnerships for collaboration is the process of meeting and planning together locally. Partnerships are still having problems ensuring that low-income parents and other important community groups are well represented at meetings. Time and travel are among the leading obstacles that have been identified. It may be that through careful planning and innovative new procedures for inclusion, these challenges can be overcome, but it is difficult to see at this time how regionalization can strengthen the collaborative process.

Reports From the UNC Smart Start Evaluation Team

Emerging Themes and Lessons Learned: The First Year of Smart Start (August 1994)
This report describes the first-year planning process of the pioneer partnerships and makes some recommendations for improving the process.

Smart Start Evaluation Plan (September 1994)
This report describes our comprehensive evaluation plan, designed to capture the breadth of programs implemented across the Smart Start partnerships and the extent of possible changes that might result from Smart Start efforts.

Keeping the Vision in Front of You: Results from Smart Start Key Participant Interviews (May 1995)
This report documents the process as pioneer partnerships completed their planning year and moved into implementation.

North Carolina's Smart Start Initiative:1994–95 Annual Evaluation Report (June 1995)
This report summarizes the evaluation findings to date from both quantitative and qualitative data sources.

Reinventing Government? Perspectives on the Smart Start Implementation Process (November 1995)
This report documents pioneer partnership members' perspectives on 2 major process goals of Smart Start: non-bureaucratic decision making and broad-based participation.

Center-based Child Care in the Pioneer Smart Start Partnerships of North Carolina (May 1996)
This brief report summarizes the key findings from the 1994-95 data on child care quality.

Effects of Smart Start on Young Children with Disabilities and their Families (December 1996)
This report summarizes a study of the impact of Smart Start on children with disabilities.

Bringing the Community into the Process: Issues and Promising Practices for Involving Parents and Business in Local Smart Start Partnerships (April 1997)
This report describes findings from interviews and case studies about the involvement of parents and business leaders in the Smart Start decision-making process.

The Effects of Smart Start on the Quality of Child Care (April 1997)
This report presents the results of a 2-year study of the quality of child care in the 12 pioneer partnerships.

Kindergartners' Skills in Smart Start Counties in 1995: A Baseline From Which to Measure Change (July 1997)
This report presents baseline findings of kindergartners' skills in the 43 Smart Start counties.

Families and the North Carolina Smart Start Initiative (September 1997)
This report presents findings from family interviews of families who participated in Smart Start in the pioneer counties. The interviews included questions about child care, health services, family activities with children, and community services and involvement.

Child Care in the Pioneer Partnerships: 1994 and 1996 (December 1997)
This report presents more detailed information about child care centers that were included in The Effects of Smart Start on the Quality of Child Care (April 1997).

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